

**Application form**

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| --- | --- | --- | --- |
| Child’s name |  | Date of birth |  |
| Nationality |  | Religion  |  |
| Emergency contact (if parent’s can’t be reached) |  | Child’s main language |  |

|  |  |  |
| --- | --- | --- |
|  | Parent 1 | Parent 2 |
| Name |  |  |
| Address |  |  |
| Phone number private |  |  |
| Phone number Work |  |  |
| E-mail  |  |  |
| Occupation  |  |  |
| Main language |  |  |

|  |  |
| --- | --- |
| Medical history |  |
| Allergies |  |
| Drinks milk |  |
| Previous Nursery experience | If yes, where did the child attend? |

|  |  |
| --- | --- |
| Preferred start date |  |

We apply for a place for our daughter / son at KISH Kindergarten. Additionally we agree tot he terms and conditions.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_